

57364

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001527**

GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR

999000892

② Name **ALUMINUM COMPANY OF AMERICA**
VERNON WORKS

Name **OPERATING INDUSTRIES, INC.**Name **CHEMICAL WASTE**
MANAGEMENT INC.EPA NO. **C A D 0 7 4 1 2 6 6 8 1**EPA NO. **C A D 0 8 0 0 1 2 0 2 4**EPA NO. **C A T 0 0 0 6 4 6 1 1 7**Address **5151 Alcoa Ave.** Phone No. **588-6141**Address **900 N. Potrero Grande Dr.**Address **P.O. Box 1104, 430 W. Elm Ave.**City, State, Zip **Vernon, Ca. 90058**City, State, Zip **Monterey Park, Ca.**City, State, Zip **Coalinga, Ca. 93210**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER: _____

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER _____

⑥ WASTE CATEGORY **#7**

⑦ EX. HAZ. WASTE PERMIT NO. _____

⑧ GENERATING PROCESS **Aluminum Fabrication**

LIST COMPONENTS:

CONC.
UPPERRANGE
LOWER

UNITS

CONC.
UPPERRANGE
LOWER

UNITS

⑨ A. _____ ☐ % ☐ ppm.
B. _____ ☐ % ☐ ppm.
C. _____ ☐ % ☐ ppm.
D. _____ ☐ % ☐ ppm.

E. _____ ☐ % ☐ ppm.
F. _____ ☐ % ☐ ppm.
G. _____ ☐ % ☐ ppm.
Non Hazardous Material **100** %

⑩ WASTE PROPERTIES: pH **7** ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other **Aluminum Oxides & Water**

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

Date Shipped **4-10-81**

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **C A D 0 2 8 2 7 7 0 3 6**ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **4-10-81**

TIME **10:30** ☒ AM ☐ PM

⑯

Signature of Authorized Agent and Title

Date **4-10-81**

TSD FACILITY

(FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING INDUSTRIES, INC.** QUANTITY (If Measured) **100 BBL**

EPA NO. **C A D 0 8 0 0 1 2 0 2 4** 19 STATE FEE (If Any) _____

PHONE NO. _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND
SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

㉑ NAME _____
EPA NO. _____

㉒ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉓

Signature of Authorized Agent and Title

Date Accepted **4-10-81**

ORIGINAL